

2024 IEHP Medi-Cal Medical Drug Prior Authorization List

Last Updated on 03/01/2024

This is a list of covered medications under your IEHP Medi-Cal Medical Drug Benefit. This document is intended to help providers know the status of medical drug products, identify criteria for prior authorization requests. Exceptions to criteria or requests for coverage of drugs not on the Medical Drug Benefit Drug List may be submitted by prescribers on behalf of the members for review of coverage when medically appropriate.

Code	Code Description	Drug Name	Status	Drug Edits
Q2055	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code Price is for drug only)	ABECMA	Tier 1	PA
J0131	Injection, acetaminophen, not otherwise specified, 10 mg	<i>acetaminophen</i>	Tier 1	
J0801	Injection, corticotropin (acthar gel), up to 40 units	<i>acthar</i>	Tier 1	PA
J2997	Injection, alteplase recombinant, 1 mg	ACTIVASE	Tier 1	QL (2 Max Qty Per Request)
J9042	Injection, brentuximab vedotin, 1 mg (For billing prior to 1/1/13 use C9287 or J9999)	ADCETRIS	Tier 1	PA; Hematology/Oncology - Chemotherapy
J0153	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)	<i>adenosine</i>	Tier 1	
J0171	Injection, adrenalin, epinephrine, 0.1 mg	ADRENALIN	Tier 1	
J9000	Injection, doxorubicin hydrochloride, 10 mg	ADRIAMYCIN	Tier 1	PA; Hematology/Oncology - Chemotherapy
J9190	Injection, fluorouracil, 500 mg	ADRUCIL	Tier 1	PA; Hematology/Oncology - Chemotherapy

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Code	Code Description	Drug Name	Status	Drug Edits
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	AKYNZEO (FOSNETUPITANT)	Tier 1	Hematology/Oncology - Chemotherapy; QL (1 Max Qty Per Request)
J7613	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg (Code reinstated effective 4/1/2008)	<i>albuterol 0.083% inhal soln 25's, u-d</i>	Tier 1	QL (2 Max Qty Per Request)
J7609	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg (Code Price is for active ingredient only and does not include compounding cost)	<i>albuterol 100 mg/20 ml solution (cmpd-rx)</i>	Tier 1	
J7613	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg (Code reinstated effective 4/1/2008)	<i>albuterol sul 0.63 mg/3 ml sol outer</i>	Tier 1	QL (6 Max Qty Per Request)
J9305	Injection, pemetrexed, not otherwise specified, 10 mg	<i>alimta</i>	Tier 1	PA
J0290	Injection, ampicillin sodium, 500 mg	<i>ampicillin sodium</i>	Tier 1	
J0461	Injection, atropine sulfate, 0.01 mg	<i>atropine</i>	Tier 1	Hematology/Oncology - Chemotherapy; QL (300 Max Qty Per Request)
J9035	Injection, bevacizumab, 10 mg	AVASTIN 100 MG/4 ML VIAL P/F, SUV	Tier 1	Ophthalmology
J9035	Injection, bevacizumab, 10 mg	AVASTIN 100 MG/4 ML VIAL P/F,SUV	Tier 1	PA

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Code	Code Description	Drug Name	Status	Drug Edits
Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	AVSOLA	Tier 1	PA
J0456	Injection, azithromycin, 500 mg	<i>azithromycin</i>	Tier 1	
J0702	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg (Code price is per 1 mL)	BETA-1	Tier 1	
J0558	Injection, penicillin G benzathine and penicillin G procaine, 100,000 units	BICILLIN C-R	Tier 1	
J0561	Injection, penicillin G benzathine, 100,000 units	BICILLIN L-A	Tier 1	
J9040	Injection, bleomycin sulfate, 15 units	<i>bleomycin</i>	Tier 1	PA
J9041	Injection, bortezomib, 0.1 mg	<i>bortezomib</i>	Tier 1	PA
J0585	Injection, onabotulinumtoxinA, 1 unit	BOTOX	Tier 1	PA; Neurology, Pain Management, Physiatry; QL (400 Max Qty Per Request)
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code Price is for drug only)	BREYANZI	Tier 1	PA
J0665	Injection, bupivacaine, not otherwise specified, 0.5 mg	<i>bupivacaine (pf)</i>	Tier 1	
J9206	Injection, irinotecan, 20 mg	CAMPTOSAR	Tier 1	PA; Hematology/Oncology - Chemotherapy
J9045	Injection, carboplatin, 50 mg	<i>carboplatin</i>	Tier 1	PA; Hematology/Oncology - Chemotherapy
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin</i>	Tier 1	

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J0698	Cefotaxime sodium, per gram	<i>cefotaxime</i>	Tier 1	
J0713	Injection, ceftazidime, per 500 mg	<i>ceftazidime</i>	Tier 1	
J0696	Injection, ceftriaxone sodium, per 250 mg	<i>ceftriaxone</i>	Tier 1	
J0697	Injection, sterile cefuroxime sodium, per 750 mg	<i>cefuroxime sodium</i>	Tier 1	
J0604	Cinacalcet, oral, 1 mg, (for ESRD on dialysis) (For billing prior to 1/1/18 use J8499)	<i>cinacalcet</i>	Tier 1	
J0185	Injection, aprepitant, 1 mg	CINVANTI	Tier 1	Hematology/Oncology - Chemotherapy; QL (130 Max Qty Per Request)
J9060	Injection, cisplatin, powder or solution, per 10 mg	<i>cisplatin</i>	Tier 1	PA; Hematology/Oncology - Chemotherapy
J0834	Injection, cosyntropin, 0.25 mg	CORTROSYN	Tier 1	
J3420	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg	<i>cyanocobalamin (vitamin b-12)</i>	Tier 1	
J9070	Cyclophosphamide, 100 mg	<i>cyclophosphamide</i>	Tier 1	PA; Hematology/Oncology - Chemotherapy
J7042	5% Dextrose/normal saline (500 mL = 1 unit)	<i>d5 % and 0.9 % sodium chloride</i>	Tier 1	
J9130	Dacarbazine, 100 mg	<i>dacarbazine</i>	Tier 1	PA
J2597	Injection, desmopressin acetate, per 1 mcg	DDAVP	Tier 1	
J1030	Injection, methylprednisolone acetate, 40 mg	<i>depo-medrol 100 mg/5 ml vial</i>	Tier 1	
J1020	Injection, methylprednisolone acetate, 20 mg	DEPO-MEDROL 100 MG/5 ML VIAL	Tier 1	
J1040	Injection, methylprednisolone acetate, 80 mg	DEPO-MEDROL 80 MG/ML VIAL SDV	Tier 1	

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J8540	Dexamethasone, oral, 0.25 mg	DEXABLISS	Tier 1	
J1100	Injection, dexamethasone sodium phosphate, 1 mg	<i>dexamethasone sodium phos (pf)</i>	Tier 1	
J7070	Infusion, D5W, 1,000 cc	<i>dextrose 5 % in water (d5w)</i>	Tier 1	
J7060	5% Dextrose/water (500 mL = 1 unit)	dextrose 5 % in water (D5W) intravenous solution	Tier 1	
J1170	Injection, hydromorphone, up to 4 mg	DILAUDID (PF)	Tier 1	
J1200	Injection, diphenhydramine HCl, up to 50 mg	<i>diphenhydramine hcl</i>	Tier 1	
Q0163	Diphenhydramine hydrochloride, 50 mg oral, FDA-approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment, not to exceed a 48-hour dosage regimen (Code Price is per 50 mg)	<i>diphenhydramine hcl oral</i>	Tier 1	
J1245	Injection, dipyridamole, per 10 mg	<i>dipyridamole</i>	Tier 1	
J1250	Injection, dobutamine hydrochloride, per 250 mg	<i>dobutamine</i>	Tier 1	
J9171	Injection, docetaxel, 1 mg	<i>docetaxel</i>	Tier 1	PA; Hematology/Oncology - Chemotherapy
J2274	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg	DURAMORPH 10 MG/10 ML AMPUL P/F, INNER, SUV	Tier 1	Pain Management; QL (1 Max Qty Per Request)
J2270	Injection, morphine sulfate, up to 10 mg (Code Price is per 10 mg)	DURAMORPH 5 MG/10 ML AMPUL P/F, OUTER, SUV	Tier 1	Hematology/Oncology - Chemotherapy; QL (2 Max Qty Per Request)

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J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	DUROLANE	Tier 1	PA; Orthopedics, Pain Management
J0586	Injection, abobotulinumtoxinA, 5 units (For billing prior to 1/1/10 use J3590 or C9399)	DYSPOBT	Tier 1	PA; Neurology, Pain Management, Physiatry; QL (1500 Max Qty Per Request)
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	ELIGARD (3 MONTH)	Tier 1	Hematology/Oncology - Chemotherapy, Urology
J2783	Injection, rasburicase, 0.5 mg	ELITEK	Tier 1	PA
J1453	Injection, fosaprepitant, 1 mg	EMEND (FOSAPREPITANT)	Tier 1	Hematology/Oncology - Chemotherapy; QL (150 Max Qty Per Request)
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	EPOGEN	Tier 1	PA
J9181	Injection, etoposide, 10 mg	<i>etoposide</i>	Tier 1	PA
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose (20 mg/2 mL) (Note: Total dose regimen = 3 injections)	EUFLEXXA	Tier 1	PA; Orthopedics, Pain Management
J0178	Injection, aflibercept, 1 mg	EYLEA	Tier 1	PA
S0028	Injection, famotidine, 20 mg	<i>famotidine (pf)</i>	Tier 1	
J3010	Injection, fentanyl citrate, 0.1 mg	<i>fentanyl citrate (pf)</i>	Tier 1	Hematology/Oncology - Chemotherapy; QL (2 Max Qty Per Request)
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use) (For billing prior to 1/1/10 use J3490 or C9399)	FERAHEME	Tier 1	
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	FULPHILA	Tier 1	Hematology/Oncology - Chemotherapy

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J9395	Injection, fulvestrant, 25 mg	<i>fulvestrant</i>	Tier 1	Hematology/Oncology - Chemotherapy
J1940	Injection, furosemide, up to 20 mg	<i>furosemide</i>	Tier 1	
J1569	Injection, immune globulin, (Gammagard liquid), non- lyophilized, (e.g. liquid), 500 mg	GAMMAGARD LIQUID	Tier 1	PA
J1561	Injection, immune globulin, (Gamunex-C/Gammaked), non- lyophilized (e.g. liquid), 500 mg	<i>gammaked</i>	Tier 1	PA
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose	GEL-ONE	Tier 1	PA; Orthopedics, Pain Management
J7328	Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg	GELSYN-3	Tier 1	PA; Orthopedics, Pain Management
J9201	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg	<i>gemcitabine</i>	Tier 1	PA; Hematology/Oncology - Chemotherapy
J1580	Injection, garamycin, gentamicin, up to 80 mg	<i>gentamicin</i>	Tier 1	
J7320	Hyaluronan or derivative, Genvisc 850, for intra-articular injection, 1 mg (Code re-used by CMS effective 1/1/17) (GenVisc 850 dose is 25 mg/2.5 mL) (Note: Total dose regimen = 3 - 5 injections)	GENVISC 850	Tier 1	PA; Orthopedics, Pain Management
J1626	Injection, granisetron hydrochloride, 100 mcg	<i>granisetron (pf)</i>	Tier 1	Hematology/Oncology - Chemotherapy; QL (10 Max Qty Per Request)
J1447	Injection, tbo-filgrastim, 1 microgram	GRANIX	Tier 1	Hematology/Oncology - Chemotherapy

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Code	Code Description	Drug Name	Status	Drug Edits
J1644	Injection, heparin sodium, per 1,000 units	<i>heparin (porcine)</i>	Tier 1	
J1642	Injection, heparin sodium (heparin lock flush), per 10 units	<i>heparin lock flush (porcine)</i>	Tier 1	
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	HERCEPTIN	Tier 1	PA
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	HERZUMA	Tier 1	PA
J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose (Hyalgan dose is 20 mg/2 mL, Supartz and Visco-3 dose is 25 mg/2.5 mL) (Note: Total dose regimen = 3 - 5 injections)	HYALGAN	Tier 1	PA; Orthopedics, Pain Management
J3410	Injection, hydroxyzine HCl, up to 25 mg	<i>hydroxyzine hcl</i>	Tier 1	
J2790	Injection, Rho d immune globulin, human, full dose, 300 micrograms (1500 I.U.) (see also 90384 for CPT billing requirements)	HYPERRHO S/D	Tier 1	
J9208	Injection, ifosfamide, 1 gram	<i>ifosfamide</i>	Tier 1	PA
J1750	Injection, iron dextran, 50 mg (Code reinstated effective 1/1/09)	INFED	Tier 1	
Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg	INFLECTRA	Tier 1	PA
J1745	Injection, infliximab, excludes biosimilar, 10 mg (Code is to be used for Remicade or Infliximab)	INFLIXIMAB	Tier 1	PA
J1439	Injection, ferric carboxymaltose, 1 mg	INJECTAFER	Tier 1	PA

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Q9967	Low osmolar contrast material, 300-399 mg/mL iodine concentration, per mL	<i>iodixanol</i>	Tier 1	
J9354	Injection, ado-trastuzumab emtansine, 1 mg (For billing prior to 1/1/14 use C9131 or J9999)	KADCYLA	Tier 1	PA
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg	KANJINTI	Tier 1	PA
J3301	Injection, triamcinolone acetonide, Not Otherwise Specified, per 10 mg	KENALOG	Tier 1	
J1885	Injection, ketorolac tromethamine, per 15 mg	<i>ketorolac</i>	Tier 1	
J9271	Injection, pembrolizumab, 1 mg (For billing prior to 1/1/16 use C9027 or J9999)	KEYTRUDA	Tier 1	PA
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg (For billing prior to 1/1/18 use Q9984)	KYLEENA	Tier 1	
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code was reused by CMS 1/1/2019) (Use NDC level pricing for appropriate reimbursement based on NDC submitted)	KYMRIAH	Tier 1	PA
J7120	Ringer's lactate infusion, up to 1,000 cc	<i>lactated ringers</i>	Tier 1	
J0640	Injection, leucovorin calcium, per 50 mg	<i>leucovorin calcium</i>	Tier 1	PA

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J2820	Injection, sargramostim (GM-CSF), 50 mcg	LEUKINE	Tier 1	Hematology/Oncology - Chemotherapy
J2785	Injection, regadenoson, 0.1 mg	LEXISCAN	Tier 1	
J2001	Injection, lidocaine HCL for intravenous infusion, 10 mg	<i>lidocaine in 5 % dextrose (pf)</i>	Tier 1	
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	LILETTA	Tier 1	
J2060	Injection, lorazepam, 2 mg	<i>lorazepam</i>	Tier 1	Nephrology, Hematology/Oncology - Chemotherapy; QL (1 Max Qty Per Request)
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg (For billing prior to 1/1/12 use J3590 or C9277)	LUMIZYME	Tier 1	PA
J3475	Injection, magnesium sulfate, per 500 mg	<i>magnesium sulfate</i>	Tier 1	
J2150	Injection, mannitol, 25% in 50 mL	<i>mannitol 25 %</i>	Tier 1	
J2175	Injection, meperidine hydrochloride, per 100 mg	<i>meperidine (pf)</i>	Tier 1	Nephrology, Hematology/Oncology - Chemotherapy; QL (1 Max Qty Per Request)
J9209	Injection, mesna, 200 mg	<i>mesna</i>	Tier 1	PA
J9250	Methotrexate sodium, 5 mg	<i>methotrexate sodium</i>	Tier 1	
J9260	Methotrexate sodium, 50 mg	<i>methotrexate sodium (pf)</i>	Tier 1	
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	<i>methylprednisolone sodium succ</i>	Tier 1	
J2765	Injection, metoclopramide HCl, up to 10 mg	<i>metoclopramide hcl</i>	Tier 1	

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J2788	Injection, Rho d immune globulin, human, minidose, 50 micrograms (250 I.U.) (see also 90385 for CPT billing requirements)	MICRHOGAM ULTRA-FILTERED PLUS	Tier 1	
J2250	Injection, midazolam hydrochloride, per 1 mg	<i>midazolam</i>	Tier 1	QL (2 Max Qty Per Request)
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	MIRENA	Tier 1	
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose (For billing prior to 1/1/15 use C9399 or J3490) (Dose 88 mg/4 mL) (Note: Total dose regimen = 1 dose)	MONOVISC	Tier 1	PA; Orthopedics, Pain Management
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	MVASI	Tier 1	PA; Hematology/Oncology - Chemotherapy
J0587	Injection, rimabotulinumtoxinB, 100 units	MYOBLOC	Tier 1	PA; Neurology, Pain Management, Physiatry; QL (5000 Max Qty Per Request)
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	<i>neostigmine methylsulfate</i>	Tier 1	
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	NEULASTA	Tier 1	Hematology/Oncology - Chemotherapy
J1442	Injection, filgrastim (G-CSF), excludes biosimilars, 1 microgram	NEUPOGEN	Tier 1	Hematology/Oncology - Chemotherapy
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies (Code Price is per 1 implant system)	NEXPLANON	Tier 1	

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Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 microgram	NIVESTYM	Tier 1	Hematology/Oncology - Chemotherapy
J2796	Injection, romiplostim, 10 micrograms (For billing prior to 1/1/10 use J3590 or C9245)	NPLATE	Tier 1	PA
J2182	Injection, mepolizumab, 1 mg (For billing prior to 1/1/17 use J3590 or C9473 for OPSS billing)	NUCALA	Tier 1	PA
Q5122	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg	NYVEPRIA	Tier 1	Hematology/Oncology - Chemotherapy
J2350	Injection, ocrelizumab, 1 mg (For billing prior to 1/1/18 use J3590 or C9494 for OPSS billing) (Code re-used by CMS 1/1/18)	OCREVUS	Tier 1	PA
J1568	Injection, immune globulin, (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg	<i>octagam</i>	Tier 1	PA
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	OGIVRI	Tier 1	PA
Q0162	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen - see also S0119	<i>ondansetron</i>	Tier 1	
J2405	Injection, ondansetron hydrochloride, per 1 mg	<i>ondansetron hcl</i>	Tier 1	Hematology/Oncology - Chemotherapy; QL (16 Max Qty Per Request)

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Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	ONTRUZANT	Tier 1	PA
J9299	Injection, nivolumab, 1 mg (For billing prior to 1/1/16 use C9453 or J9999)	OPDIVO	Tier 1	PA
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose (30 mg/2 mL) (Note: Total dose regimen = 3 - 4 injections)	ORTHOVISC	Tier 1	PA; Orthopedics, Pain Management
J9263	Injection, oxaliplatin, 0.5 mg	<i>oxaliplatin</i>	Tier 1	PA; Hematology/Oncology - Chemotherapy
J9267	Injection, paclitaxel, 1 mg	<i>paclitaxel</i>	Tier 1	PA; Hematology/Oncology - Chemotherapy
J9264	Injection, paclitaxel protein-bound particles, 1 mg	<i>paclitaxel protein-bound</i>	Tier 1	PA
J2469	Injection, palonosetron HCl, 25 mcg	<i>palonosetron</i>	Tier 1	Hematology/Oncology - Chemotherapy; QL (10 Max Qty Per Request)
J7300	Intrauterine copper contraceptive	PARAGARD T 380A	Tier 1	
J0606	Injection, etelcalcetide, 0.1 mg (For billing prior to 1/1/18 use J3490 or C9399 for OPSS billing)	PARSABIV	Tier 1	
J9306	Injection, pertuzumab, 1 mg (For billing prior to 1/1/14 use C9292 or J9999)	PERJETA	Tier 1	PA; Hematology/Oncology - Chemotherapy
J2550	Injection, promethazine HCl, up to 50 mg	PHENERGAN	Tier 1	
J2370	Injection, phenylephrine HCl, up to 1 mL (Code Price is per 1 mL) (Code deleted effective 6/30/2023)	<i>phenylephrine hcl</i>	Tier 1	

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J9309	Injection, polatuzumab vedotin-piiq, 1 mg	POLIVY	Tier 1	PA; Hematology/Oncology - Chemotherapy
J3480	Injection, potassium chloride, per 2 mEq	<i>potassium chlorid-d5-0.45%nacl</i>	Tier 1	Hematology/Oncology - Chemotherapy
J0780	Injection, prochlorperazine, up to 10 mg	<i>prochlorperazine edisylate</i>	Tier 1	
J0897	Injection, denosumab, 1 mg (For billing prior to 1/1/12 use J3590 or C9272)	PROLIA	Tier 1	PA
J2704	Injection, propofol, 10 mg	<i>propofol</i>	Tier 1	
J0896	Injection, luspatercept-aamt, 0.25 mg	REBLOZYL	Tier 1	PA
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg	RENFLEXIS	Tier 1	PA
Q5105	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	<i>retacrit 10,000 unit/ml vial p/f, inner, sdv</i>	Tier 1	
Q5106	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	RETACRIT 10,000 UNIT/ML VIAL P/F, INNER, SDV	Tier 1	Hematology/Oncology - Chemotherapy
Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg	RIABNI	Tier 1	PA
J9312	Injection, rituximab, 10 mg	RITUXAN	Tier 1	PA
J2795	Injection, ropivacaine hydrochloride, 1 mg	<i>ropivacaine (pf)</i>	Tier 1	Orthopedics, Pain Management; QL (100 Max Qty Per Request)
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	RUXIENCE	Tier 1	PA
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	SKYLA	Tier 1	
J7131	Hypertonic saline solution, 1 mL	<i>sodium chloride</i>	Tier 1	

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J7030	Infusion, normal saline solution, 1,000 cc	<i>sodium chloride 0.9 %</i>	Tier 1	
J7050	Infusion, normal saline solution, 250 cc	sodium chloride 0.9 % intravenous solution	Tier 1	
J7040	Infusion, normal saline solution, sterile (500 mL = 1 unit)	sodium chloride 0.9 % intravenous solution	Tier 1	
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	<i>sodium ferric gluconat-sucrose</i>	Tier 1	
J1300	Injection, eculizumab, 10 mg	SOLIRIS	Tier 1	PA
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg	SOLU-CORTEF	Tier 1	
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg	SOLU-MEDROL (PF)	Tier 1	
J2326	Injection, nusinersen, 0.1 mg (For billing prior to 1/1/18 use J3490 or C9489 for OPSS billing)	SPINRAZA (PF)	Tier 1	PA
J0330	Injection, succinylcholine chloride, up to 20mg	<i>succinylcholine chloride</i>	Tier 1	
J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg	SYNOJOYNT	Tier 1	PA; Orthopedics, Pain Management
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code Price is for drug only)	TECARTUS	Tier 1	PA
J9022	Injection, atezolizumab, 10 mg (For billing prior to 1/1/18 use J9999 or C9483 for OPSS billing)	<i>tecentriq</i>	Tier 1	PA

PA = Prior Authorization, QL = Quantity Limit

Code	Code Description	Drug Name	Status	Drug Edits
J3241	Injection, teprotumumab-trbw, 10 mg	TEPEZZA	Tier 1	PA
J3240	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial (Code Price is per 1 vial)	<i>thyrogen</i>	Tier 1	
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	TRAZIMERA	Tier 1	PA
J3315	Injection, triptorelin pamoate, 3.75 mg	TRELSTAR	Tier 1	Hematology/Oncology - Chemotherapy
J3300	Injection, triamcinolone acetonide, preservative free, 1 mg	TRIESENCE (PF)	Tier 1	
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg	TRILURON	Tier 1	PA; Orthopedics, Pain Management
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	TRUXIMA	Tier 1	PA
Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (udenyca), 0.5 mg	UDENYCA	Tier 1	Hematology/Oncology - Chemotherapy
J1756	Injection, iron sucrose, 1 mg	VENOFER	Tier 1	
J9360	Injection, vinblastine sulfate, 1 mg	<i>vinblastine</i>	Tier 1	PA
J9370	Vincristine sulfate, 1 mg	<i>vincristine</i>	Tier 1	PA
J0588	Injection, incobotulinumtoxinA, 1 unit	XEOMIN	Tier 1	PA; Neurology, Pain Management, Physiatry; QL (400 Max Qty Per Request)
J2357	Injection, omalizumab, 5 mg	XOLAIR	Tier 1	PA
J9228	Injection, ipilimumab, 1 mg (For billing prior to 1/1/12 use J9999 or C9284)	YERVOY	Tier 1	PA

PA = Prior Authorization, QL = Quantity Limit

Code	Code Description	Drug Name	Status	Drug Edits
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (For billing prior to 4/1/18 use J9999 or C9399 for OPSS billing) (Code Price is for drug ONLY) (Code re-used by CMS)	YESCARTA	Tier 1	PA
Q5101	Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 microgram	ZARXIO	Tier 1	Hematology/Oncology - Chemotherapy
J9223	Injection, lurbinectedin, 0.1 mg	ZEPZELCA	Tier 1	PA
Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg	ZIEXTENZO	Tier 1	Hematology/Oncology - Chemotherapy
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	ZIRABEV	Tier 1	PA; Hematology/Oncology - Chemotherapy
J9202	Goserelin acetate implant, per 3.6 mg	ZOLADEX	Tier 1	Hematology/Oncology - Chemotherapy
J3489	Injection, zoledronic acid, 1 mg	<i>zoledronic acid-mannitol-water</i>	Tier 1	

PA = Prior Authorization, QL = Quantity Limit

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